CITY OF HARTFORD OFFICE OF HUMAN RELATIONS VERIFICATION OF RESIDENCY AFFIDAVIT

To whom it may concern:

I,	of					
(Name of the Tenant)			(Street Address)			
Hereby attest that _			of the Worker)		is living in my house/apartment since	
	Month	Day		Year		
	Please, submi	t to the Office of Human R	elations one of the fe	of the following utility bills:		
	[] Telephone	[] Electric/Gas	[] Cable	[] Rent Receipt		
	I hereby cert	ify that all statements made	e on this affidavit are	e true, complete and correct.		
(Tenant's S	ignature)	_		(Date)		
Sworn and subscrib	ped before me on this	day m	onth of	year	·	
Notary 1	Public				Seal	

• For the purpose of this program, home means that place where an individual has his or her true, fixed, and permanent living arrangement, where he or she normally eats and sleeps and maintains his or her normal personal and household effects.